NHS Update Feb 02 28/1/02 11:55 am Page 30

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Fashion victims

NHS policymakers should be aware that following the latest trends can be disastrous

Fashions never last. The fads, gimmicks and novelties that marketers convince us to follow soon become passé.

We have all fallen victim to fashion disasters. A whole generation of British manhood proudly wore high-waisted, flared trousers in the 1970s...in public!

However, if you were the only man to wear flares in the 70s you might be less willing to share the joke about how foolish you looked in your 48-inch bell-bottoms, in case people thought you were Britain's first man in space without a rocket.

Although many of us claim to be rational, balanced individuals, we often make unbelievable mistakes because we copy others and jump on to fashionable bandwagons.

Within economics, academics call this phenomenon the 'bandwagon effect', as we imitate others just to be part of the crowd, regardless of the rationality of what we decide to do.

For example, during the late-1990s many of us bought internet shares because colleagues, friends or passing strangers promised millions could be made, even though most companies in the industry hadn't paid a penny to investors in dividends.

Therefore, after years of serious study, the world's best economists have concluded that most of us are like lemmings; we'd rather ignore the potentially disastrous consequences of following others than risk getting things wrong on our own.

Health service fads

Tony Blair prides himself on being a moderniser who wants to achieve real, long-term change within the NHS.

Unfortunately for Tony, it seems that much of NHS policy is becoming increasingly based upon fads, gimmicks and novel (but untested) ideas instead of well researched concepts that will actually work in practice.

For example, NICE, CHI and the National Service Frameworks were based on popular, sound theories; however, they weren't properly tested before they were introduced. Instead of treating new ideas as similar to the latest offerings from a Paris fashion show (they look good on the catwalk, but are unsuitable for everyday wear), the government decided that the NHS should slavishly follow the ideas of the UK's most fashionable designers of health service policy.

Although there is nothing fundamentally wrong with seeking new thinking on an old problem, government ministers wrongly believed that they should adopt the latest fashions produced by the design élite, rather than just admiring their ingenuity and leaving their creations on the peg.

By allowing faddish management thinking to directly influence NHS policy, the government had to learn a lesson faced by wise private companies years ago – management theories are simply gimmicks that never work in practice but are useful at predicting how mundane companies will soon think.

In the real world, leading-edge chief executives do not listen to management gurus because they believe their ideas are right; they listen to their novel concepts because they indicate how their unthinking competitors may soon act.

For example, during the late-1990s the 'bricks and mortar' versus the 'clicks and mortar' debate did not convince sensible companies to re-locate their whole operations on to the web.

Instead, clever chief executives gave the faddish ideas of internet gurus their attention because they illustrated exactly what not to do.

NHS Update Feb 02 28/1/02 11:55 am Page 31

Only those challenged in the thinking department believed the gimmicky rubbish internet visionaries so dearly uttered, with the result that they stupidly encouraged their companies to invest in untested, unprofitable futures online.

Dangerous times

The history of the NHS is full of examples of fads and fashions that didn't develop into long-term trends.

However, evidence suggests that the NHS has recently entered into a dangerous new era in which popularity and consensus – rather than rationality and scepticism – dictates policy decisions.

While most of us were wearing flared trousers during the 1970s, Area Health Authorities (AHAs) and Family Practitioner Committees (FPCs) were running the health service.

During the 1980s, when Rambo and power dressing were all the rage, AHAs and FPCs were replaced with new, more powerful District Health Authorities and Family Health Services Authorities; innovative management organisations remembered by very few people today.

Throughout the 1990s, the trend for faddish reorganisations continued with fundholding being introduced into general practice in 1991, only to be replaced by Primary Care Groups and Primary Care Trusts later in the decade.

Although the NHS has always had a fetish for management reorganisations, three things have now changed.

First, reorganisations now happen much faster than before, with the result that substantial sums of public money are currently being wasted on trendy (but unproven) changes.

Secondly, previous reorganisations often followed a crisis in which popular opinion agreed that the old way of doing things was no longer fashionable and should cease.

In other words, it was similar to the period in the 1980s when the sensible citizens of this country realised that flared trousers were a serious style mistake and switched to stretch jeans instead.

Finally, fads in management thinking previously had little effect, with tried-and-tested NHS management techniques, such as matrons on wards and top-down control by civil servants, being able to resist the vagaries of fashion.

Therefore, in the good old days, the need for innovation used to drive change, in the same way that people used to buy new clothes because their old ones were worn out (not because they were unfashionable).

However, the government now seems keen to quickly use the latest management solutions to the health service's perennial problems, with the result that changes in fashion are dictating the pace of change.

The famous Cambridge philosopher and political activist, Bertrand Russell, once said: "The belief that fashion alone should dominate opinion has great advantages.

"It makes thought unnecessary and puts the highest intelligence within the reach of everyone."

It is easy to learn the latest buzzwords – even if you don't really know what they mean - to fool people into believing you know what you are talking about.

At present, hundreds of thousands of people within pharma and the NHS are learning the fashionable management terminology introduced by Labour to describe the new NHS.

However, if Professor Russell was right, sounding fashionable does not make pharma or NHS employees deep thinkers who have profound insights into what is actually happening within the NHS.

Indeed, although the NHS now looks right, sounds right and makes the right moves, no one yet knows whether the latest round of gimmicky changes will put things right for the voting public that Labour is desperate to woo.

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